

6TL0BFKDJC

Document Number Override		Primary Crash Document #		Agency Crash Number 23-02819		Investigating Officer/Deputy DEPUTY H. VOLZ	
Crash Date 03/22/2023		Crash Time 10:40 AM		Date Arrived 03/22/2023		Time Arrived 10:55 AM	
Date Notified 03/22/2023		Time Notified 10:42 AM		Total Units 02		Total Injured 02	Total Killed 00
<input type="checkbox"/> On Emergency	<input type="checkbox"/> Hit and Run	<input checked="" type="checkbox"/> Lane Closure		<input type="checkbox"/> Work Zone		<input type="checkbox"/> Trailer or Towed	<input type="checkbox"/> Reporting Threshold
<input type="checkbox"/> Government Property		<input type="checkbox"/> Active School Zone		School Bus Related NO		Tags	
<input checked="" type="checkbox"/> Reportable		Crash Type DT4000 (STANDARD CRASH)				<input type="checkbox"/> Amended	<input type="checkbox"/> Secondary Crash

Description

Diagram		Reconstruction By	
<p>Not To Scale</p> <p>State Highway 33</p> <p>Sand Road</p>		Photos By DEPUTY H VOLZ	
		Additional Information PHOTOS	

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

UNIT 1 WAS TRAVELING SB ON SAND ROAD. UNIT 2 WAS TRAVELING WB ON STH 33. UNIT 1 STOPPED AT THE STOP SIGN. UNIT 1 FAILED TO YIELD WHILE PULLING AWAY FROM THE STOP SIGN AND PULLED INTO TRAFFIC TO CROSS STH 33. UNIT 1 AND UNIT 2 COLLIDED. BOTH UNITS SPUN AROUND IN THE ROAD. UNIT 1 STOPPED IN THE WB LANE AND UNIT 2 CONTINUED ONTO THE SOUTH SIDE OF THE ROAD AND DOWN THE EMBANKMENT BEFORE COMING TO REST.

Location

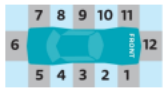
INTERSECTION ON STH33 EB AT SAND RD IN THE TOWN OF DELTON IN SAUK COUNTY	Latitude 43.514726299	Longitude -89.798025116
	X Coordinate 273845.71875	Y Coordinate 4821780.5
	Structure Type NO STRUCTURE	

Crash Scene

First Harmful Event MOTOR VEH IN TRANSPORT		First Harmful Event Location ON ROADWAY	
Manner of Collision 02 - FRONT TO FRONT		Light Condition DAYLIGHT	
Road Surface Condition(s) WET		Roadway Factor(s) NONE	
Environment Factor(s) NONE			
Weather Condition(s) CLOUDY			
Animal Type		Relation To Trafficway TRAFFICWAY - ON ROAD	
Crash Classification - Location PUBLIC PROPERTY		Crash Classification - Jurisdiction NO SPECIAL JURISDICTION	
Tribal Land		Access Control NO CONTROL	Special Study
Within Interchange Area NO	Junction Location INTERSECTION-RELATED	Intersection Type FOUR-WAY INTERSECTION	
Closure Type FULL CLOSURE		Reasons for Closure LAW ENFORCEMENT, TOW TRUCK, FIRE/EMS	
Date Initial Lane/Rd Closed 03/22/2023	Time Initial Lane/Rd Closed 11:00 AM	Date Scene Cleared 03/22/2023	
Date All Lanes Open 03/22/2023	Time All Lanes Open 11:26 AM		

Unit Summary

UNIT	Unit Status IN TRANSIT	Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE		
	Vehicle Type (SPORT) UTILITY VEHICLE			Operating As Endorsements		
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 1	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel SOUTHBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 45	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control STOP SIGN		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
01	Vehicle					
	License Plate Number ANT1979		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	
01	Vehicle Identification Number JTMP1RFV2KD500434		Make TOYOTA	Year 2019	Model RAV4	

UNIT VEHICLE	Color BLU - BLUE	Body Style UT - SPORT UTILITY VEHICLE	Bus Use	
	Initial Contact Point 11 - LEFT FRONT CORNER	Vehicle Damage 01 - RIGHT FRONT CORNER, 05 - RIGHT REAR CORNER, 06 - REAR, 07 - LEFT REAR CORNER, 08 - LEFT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage DISABLING DAMAGE			
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE	Vehicle Removed By CRAIGS TOWING		
	What Driver Was Doing GOING STRAIGHT	Vehicle Factors NOT APPLICABLE		
Driver Prior Action Other				
UNIT VEHICLE	Driver Actions FAILED TO YIELD RIGHT-OF-WAY, LOOKED BUT DID NOT SEE			
	Owner Name LUCINDA GEBHARD	Owner Address E10459 HANGERS CT BARABOO, WI 53913 , US		
UNIT 01	Sequence Of Events			
	Event MOTOR VEH IN TRANSPORT			
	Event			
	Event			
UNIT 01	Policy Holder			
	Insurance Company FARMERS-CASUALTY-CO-(MUTUAL)	Individual LUCINDA GEBHARD		
UNIT INDIVIDUAL	Individual			
	Driver LUCINDA GEBHARD	Citations Issued 1	Sex FEMALE	
		Date of Birth	Race WHITE	
	Address E10459 HANGERS CT BARABOO, WI 53913 , US	Driver License Number		
UNIT 01	Safety Equipment			
	On Duty Crash	Safety Equipment SHOULDER & LAP BELT		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT		
	Helmet Use		Helmet Compliance	
	Eye Protection		Tint Compliance	
UNIT 001	Injury	Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-COMBINATION	
	Ejected NOT EJECTED	Ejection Path NOT EJECTED/NOT APPLICABLE	Trapped/Extricated NOT TRAPPED	
	Medical Transport EMS GROUND	EMS Agency Identifier 6000123	EMS Run #	

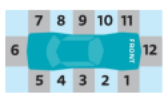
UNIT	Hospital ST CLARE HOSP		Date of Death		Time of Death	
	Distracted By		Distracted By Source NOT APPLICABLE (NOT DISTRACTED)			
	Distracted By Action NOT DISTRACTED					
	Non Motorist		Striking Unit #		Location	
	Prior Action					
	Action					
	Action Other					
	To/From School					
	Drug & Alcohol		Suspected Alcohol Use NO		Suspected Drug Use NO	
	Alcohol Test Given TEST NOT GIVEN		Alcohol Test Type		Alcohol Test Results	
	Drug Test Given TEST NOT GIVEN		Drug Test Type		Drug Test Results	
	Drug Type					
	Individual Condition APPEARED NORMAL					
	Violations					
	UTC Number BD759032		Issue To? 001	Statute Number 346.18(3)	Description FAIL/YIELD RIGHT/WAY FROM STOP SIGN	

Unit Summary						
UNIT	Unit Status IN TRANSIT		Vehicle Operating As Classification D CLASS		Unit Type AUTOMOBILE	
	Vehicle Type PASSENGER CAR				Operating As Endorsements	
	Total Occs 1	Train/Bus # Recorded	Total # Citations Issued 0	Total Trailers 0	Total HazMat Types 0	
	Insurance? YES	Direction Of Travel WESTBOUND	<input type="checkbox"/> Pre Crash Tire Mark	Speed Limit 55	Total Lanes 2	
	Most Harmful Event: Collision With MOTOR VEH IN TRANSPORT		Special Function NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NOT APPLICABLE	
	Traffic Way TWO-WAY, NOT DIVIDED		Traffic Control NO CONTROL		Traffic Control Inoperative/Missing NO	
	Surface Type BLACKTOP (BITUMINOUS)		Road Curvature STRAIGHT		Road Grade LEVEL	
	Truck Bus or HazMat NO					
	Vehicle					
	License Plate Number AMM8463		Plate Type AUT - AUTOMOBILE	St WI	Country of Issuance UNITED STATES	

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WISCONSIN MOTOR VEHICLE
CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT
1300 LANGE COURT
BARABOO, WI 53913
(608) 356-4895

02 UNIT VEHICLE	Vehicle Identification Number JTKJF5C77C3039236		Make TOYOTA	Year 2012	Model SCION TC
	Color BLK - BLACK		Body Style HB - HATCHBACK		Bus Use
	Initial Contact Point 01 - RIGHT FRONT CORNER		Vehicle Damage 01 - RIGHT FRONT CORNER, 02 - RIGHT SIDE FRONT, 03 - RIGHT SIDE MIDDLE, 04 - RIGHT SIDE REAR, 09 - LEFT SIDE MIDDLE, 10 - LEFT SIDE FRONT, 11 - LEFT FRONT CORNER, 12 - FRONT		
	Extent Of Damage DISABLING DAMAGE				
	Towed Due To Damage TOWED DUE TO DISABLING DAMAGE				
	What Driver Was Doing GOING STRAIGHT		Vehicle Factors		
Driver Prior Action Other		NOT APPLICABLE			
02 UNIT VEHICLE	Driver Actions NO CONTRIBUTING ACTION				
	Owner Name WYATT BERG		Owner Address 700 SOUTH PKWY BARABOO, WI 53913 , US		
Sequence Of Events					
02 UNIT VEHICLE	Event MOTOR VEH IN TRANSPORT				
	Event				
	Event				
	Event				
02 UNIT VEHICLE	Policy Holder				
	Insurance Company PROGRESSIVE-MUTUAL-INS-CO-(ATTN:-AUTO-U			Individual WYATT BERG	
02 UNIT INDIVIDUAL	Individual				
	Driver WYATT BERG		Citations Issued 0	Sex MALE	
	Address 700 SOUTH PKWY BARABOO, WI 53913 , US		Date of Birth	Race WHITE	
			Driver License Number		
02 UNIT INDIVIDUAL	Safety Equipment		Safety Equipment		
	Row 01 - FRONT ROW	Seat Position 07 - LEFT	NONE USED - VEHICLE OCCUPANT		
	Helmet Use		Helmet Compliance		
	Eye Protection		Tint Compliance		
	Injury		Injury Severity SUSPECTED MINOR INJURY	Airbag DEPLOYED-COMBINATION	
02 UNIT INDIVIDUAL	Ejected NOT EJECTED		Ejection Path NOT EJECTED/NOT APPLICABLE		Trapped/Extricated TRAPPED/EXTRICATED

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CRASH REPORT

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1300 LANGE COURT
BARABOO, WI 53913
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UNIT INDIVIDUAL 02 002	Medical Transport EMS GROUND	EMS Agency Identifier 6000123	EMS Run #
	Hospital ST CLARE HOSP	Date of Death	Time of Death
	Distracted By	Distracted By Source NOT APPLICABLE (NOT DISTRACTED)	
	Distracted By Action NOT DISTRACTED		
	Non Motorist	Striking Unit #	Location
	Prior Action		
	Action		
	Action Other		To/From School
	Drug & Alcohol	Suspected Alcohol Use NO	Suspected Drug Use NO
	Alcohol Test Given TEST NOT GIVEN	Alcohol Test Type	Alcohol Test Results
Drug Test Given TEST NOT GIVEN	Drug Test Type	Drug Test Results	
Drug Type			
Individual Condition APPEARED NORMAL			

Witness			
WITN ESS 01	Individual GARY PASHLEY (920) 630-0120	Address N8616 COUNTY ROAD H CAMBRIA, WI 53923 , US	Date of Birth